(b) Upgradation of medical facilities in Central Government Hospitals is a continuous process and it has been a constant endeavour of the Government to provide the best possible medical facilities within the available resources. A trauma Center, namely, Jai Prakash Naryan Trauma Center at All India Institute of Medical Sciences is under construction and a new 60 bedded emergency ward has been commissioned recently at AIIMS. A proposal for expansion and upgradation of existing casualty and emergency services of Dr. Ram Manohar Lohia Hospital has also been approved. Apart from this all Central Government Hospitals are equipped to attend the accident and trauma cases. In addition, Central Government is also providing financial assistance to the State Governments for upgradation and strengthening of Emergency facilities of State hospitals of towns/cities located on National Highways.

**Rise in brain fever cases**

1312. DR. DASARI NARAYANA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of cases of Japanese Encephalitis or brain fever reported in various parts of the country during the current calender year, State-wise and the number of deaths caused in each State;

(b) whether it is a fact that the cases of brain fever are consistently rising; and

(c) the remedial measures Government propose to take to fackle this horible disease?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) The number of Japanese Encephalitis (JE) cases and deaths reported during current calendar year, State-wise, is given in the enclosed Statement (See below)

(b) Decline in JE cases during 2000,2001 and 2002 had been recorded as compared to those during 1999. However, there is a marginal increase in JE cases in 2003 as compared to those in 2002.

(c) Prevention and control of JE has been included in integrated scheme for National Vector Borne Disease Control Programme (NVBDCP) approved by the Cabinet Committee on Economic Affairs

(CCEA) on 15-10-2003. States are responsible to implement the programme. The Central support is need based and mainly includes insecticides, diagnostic kits, technical outbreak investigation support and training for capacity building.

The preventive measures are directed at reducing the vector density and in taking personal protection against mosquito bites. Strategy being adopted to control encephalitis include:—

- Vector control by insecticidal spraying with appropriate insecticide for outbreak containment
- Early diagnosis and proper management to reduce fatality
- Health Education
- Training of Medical Personnel and Professionals.

The State Governments have been advised that in the endemic districts, anticipatory preparations should be made for timely available to medicines, equipment and accessories as well as sufficient number of trained medical, nursing and paramedical personnel. JE vaccine is produced in limited quantities at the Central Research Institute, Kasauli. three doses of the vaccine provide immunity lasting a few years only. The vaccine is procured directly by the State Health Authorities.

***Statement***

*State-wise cases and deaths due to suspected Japanese Encephalitis (JE) during* 2003.

| Sl. No. | State | 2003(P*) | |
|---|---|---|---|
| | | Cases | Deaths |
| 1 | 2 | 3 | 4 |
| 1. | Andhra Pradesh | 329 | 183** |
| 2. | Assam | 109 | 49 |
| 3. | Bihar | 2 | 0 |
| 4. | Chandigarh | 0 | 0 |
| 5. | Delhi | 0 | 0 |
| 6. | Goa | 0 | 0 |
| 7. | Haryana | 74 | 52 |

| 1 | 2 | 3 | 4 |
|---|---|---|---|
| 8. | Karnataka | 101 | 0 |
| 9. | Kerala | 0 | 0 |
| 10. | Maharashtra | 288 | 115** |
| 11. | Manipur | 1 | 0 |
| 12. | Punjab | 0 | 0 |
| 13. | Tamil Nadu | 0 | 0 |
| 14. | Uttar Pradesh | 1029 | 213 |
| 15. | West Bengal | 2 | 1 |
| 16. | Gujarat | 0 | 0 |
| | TOTAL: | 1935 | 613 |

*Cases as reported by respective States upto 11-11-2003 Provisionally.
**Suspected viral Encephalitis.

**Rajiv Gandhi Cancer Institute**

1313. SHRI LALIT SURI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Rajiv Gandhi Cancer Institute, Delhi, recognized and approved by CGHS for treating beneficiaries without charging them and sumitting their medical reimbursement claims to CGHS, has stopped treating the beneficiaries without payment as its claims with CGHS nave been pending for months;

(b) if so, the reasons for this delay;

(c) the other approved hospitals in Delhi whose similar claims are also pending, with amount involved in each case; and

(d) the steps proposed to resolve the crisis so that CGHS beneficiaries are not put to further hardship?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) to (c) Rajiv Gandhi Cancer Institute, Delhi, had withdrawn credit facilities to the CGHS pensioner beneficiaries with effect from 1.11.2003. However, the hospital has informed that they have restored credit facilities to the CGHS pensioner beneficiaries with effect from 9.12.2003.